Foster Family Home - Corrective Action Report

Provider ID:

5-130040

Home Name:

Jesusa Sebastian, CNA

Review ID:

5-130040-9

4306 Aikepa Street

Reviewer:

Tem Van Houten

Lihue

HI 96766

Begin Date:

7/16/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.

Compliance Manager

Primary Care Giver

7 20 2020

Date

7/16/2020

Date

7/16/2020 20:55 PM